RHRA Retirement Homes Regulatory Authority

FINAL INSPECTION REPORT
Under the *Retirement Homes Act, 2010*

Inspection Information	
Date of Inspection: September 22, 2026	**Name of Inspector: Angela Newman**
Inspection Type: Routine Inspection	
Licensee: Chartwell Master Care Corporation	
Retirement Home: Chartwell Balmoral Place Retirement Community	
License Number: N0566	

About Routine Inspections

A routine inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. During a routine inspection, an RHRA inspector will walk through the home, speak to residents and staff, observe care services and conditions in the home, and ensure the licensee's management and staff follow mandatory policies and practices designed to protect the welfare of residents.

Following a routine inspection, the RHRA inspector prepares a draft inspection report which is sent to the licensee. The draft report may include instances where the licensee has failed to meet the standards of the *RHA*. If included, the licensee can respond to these instances and is strongly encouraged to inform RHRA of its plans to meet the standards of the *RHA*.

Following the draft report, the RHRA inspector prepares this final inspection report, incorporating any response from the licensee with their plans to meet the standards of the *RHA*. The most recent final inspection report must be posted in the home in a visible and easily accessible location. All final inspection reports from the previous two years must also be made available in an easily accessible location in the home. The licensee must provide a copy of this report to the home's Residents' Council, if one exists.

In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.

If the licensee repeatedly does not meet the required standards, RHRA may take further action.

Focus Areas

During a routine inspection, an inspector will focus primarily on a set number of areas which have been identified as related to the health, safety and wellbeing of resident, and may take various actions to determine whether the licensee is compliant with the RHA in relating to the areas. The areas listed in this section are ones which an inspector has identified as non-compliant.

Focus Area #1: Emergency Plan

RHRA Inspector Findings

As part of the routine inspection, the inspector reviewed the Licensee's records of testing for their emergency plans and found that the testing for situations involving violent outbursts, missing resident

and medical emergencies had not been completed annually. The Licensee failed to ensure that testing was done annually as required.

Outcome
The Licensee has demonstrated it has taken corrective action to achieve compliance.

Focus Area #2: Staff Training

RHRA Inspector Findings
As part of the routine inspection, the inspector reviewed a sample of orientation and annual training records in the areas of zero tolerance of abuse, resident bill of rights, infection control, injury prevention, whistle blower protection, personal assistance services devices, fire prevention and safety, emergency plan, complaints and behaviour management. The Licensee was not able to demonstrate that orientation and annual training was completed for five staff in alignment with the regulations.

Outcome
The Licensee has advised it has taken corrective action to achieve compliance. RHRA to confirm compliance by following up with the Licensee or by inspection.

Additional Findings
During a routine inspection, an inspector may observe areas of non-compliance that are not related to the standard focus areas. In these cases, an inspector may cite the home for these contraventions at the time of this inspection. In addition, an inspector may follow-up on findings of non-compliance from previous inspections. Where the licensee is unable to demonstrate they have come into compliance or maintained compliance, an inspector may cite the home for these repeat contraventions at the time of this inspection.

Not Applicable

Current Inspection – Citations
Citations relating to the above Focus Areas or Additional Findings made during the current inspection are listed below.

The Licensee failed to comply with the RHA s. 65. (2); Training

s. 65. (2); Training
65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

Specifically, the Licensee failed to comply with the following subsection(s):

s. 65. (2), (c)
(c) the protection afforded for whistle-blowing described in section 115;

s. 65. (2), (d)
(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

s. 65. (2), (e)
(e) injury prevention;

The Licensee failed to comply with the O. Reg. 166/11 s. 14. (1); Staff training

s. 14. (1); Staff training

14. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

The Licensee failed to comply with the O. Reg. 166/11 s. 14. (2); Staff training

s. 14. (2); Staff training
14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

Closed Citations
During an inspection, an inspector may follow-up with areas of non-compliance cited during a previous inspection, or verify compliance with areas initially cited during the current inspection. The inspector has verified that at the time of this report, the licensee was able to demonstrate that the following areas have come into compliance.

Ontario Regulation 166/11:

s. 14. (5); Staff training
14. (5) The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

s. 24. (5); Emergency plan, general
24. (5) The licensee shall,

s. 24. (5), (a)
(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 1.
(i) the loss of essential services,

s. 24. (5); Emergency plan, general
24. (5) The licensee shall,

s. 24. (5), (a)
(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 2.
(ii) situations involving a missing resident,

s. 24. (5); Emergency plan, general
24. (5) The licensee shall,

s. 24. (5), (a)
(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 3.
(iii) medical emergencies,

s. 24. (5); Emergency plan, general
24. (5) The licensee shall,

s. 24. (5), (a)

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 3.1
(iii.1) epidemics and pandemics,

s. 24. (5); Emergency plan, general
24. (5) The licensee shall,

s. 24. (5), (a)
(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

s. 24. (5), (a), 4.
(iv) violent outbursts;

s. 59. (3); Procedure for complaints to licensee
59. (3) The licensee shall ensure that,

s. 59. (3), (a)
(a) the written record is reviewed and analyzed for trends at least quarterly;

s. 59. (3); Procedure for complaints to licensee
59. (3) The licensee shall ensure that,

s. 59. (3), (b)
(b) the results of the review and analysis are taken into account in determining what improvements are required in the retirement home;

s. 59. (3); Procedure for complaints to licensee
59. (3) The licensee shall ensure that,

s. 59. (3), (c)
(c) a written record is kept of each review and of the improvements made in response.

NOTICE

The Final Inspection Report is being provided to the Licensee, the Registrar of the RHRA and the home's Residents' Council, if any.

Section 55 of the *RHA* requires that the Final Inspection Report be posted in the home in a conspicuous and easily accessible location. In addition, the Licensee must ensure that copies of every Final Inspection Report from the previous two (2) years are made available in the Home, in an easily accessible location.

The Registrar's copy of the Final Inspection Report, as it appears here, will be included on the RHRA Retirement Home Database available online at http://www.rhra.ca/en/retirement-home-database.

Signature of Inspector	Date
Angela Newman	October 14, 2026